

## BOILER AND PRESSURE VESSEL REGISTRATION FORM



The State of Maryland requests that you update the information below and return within 10 days. If there are no changes, please continue to get your object(s) inspected to maintain valid certificate(s).

LOCATION	Name			Phone(s)	
	Street Address, City, State, ZIP				
PRIMARY CONTACT	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
OWNER	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
Invoice Mailing	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
CERTIFICATE MAILING	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
AUTHORIZED INSPECTION AGENCY (see page 1)	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
BPV #s	T				
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Department of Labor, Licensing and Regulation Division of Labor and Industry Safety Inspection Unit

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